PATERT APPLICATION FEE DETERMINATION RECO									Application of Docket Number					
	PAIENIA		Effectiv		001	1//	(2)							
09/005-77														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE	L ÉNTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE]	RATE	FEE	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			→ minus 20		20 =	• 5			X\$ 9=	48	OR	X\$18=	1.	
INDEPENDENT CLAIMS			2 minus 3 =			•			X39=		OR	X78=		
ML	ILTIPLE DEPEN	DENT (CLAIM PRESENT						+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									IOIAL	. 399	1 08	OTHER	THAN	
		(Colu	umn 1)			(Column 2) (Column 3)			SMALI	LENTITY	OR	SMALL		
AMENOMENT A		REM/	NMS NNING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	13	Minus	••	25	=		X\$ 9=		OR	X\$18=		
	Independent	•	3_	Minus	۳	3	=		X39=		OR	X78=	,	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	1	OR	+260=		
2111/2									TOTAL	_	- ` ` '	TOTAL		
									DIT. FE	E	JOR	ADDIT. FEE		
AMENDMENT B	(Column 1) (Column 2) (Column 3)									T 1001	,	·		
		AF	NING TER DMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	25	Minus	••	25	-		X\$ 9=		OR	X\$18=		
	Independent	•	3	Minus		3	=.		X39=	1	OR	X78=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400	1	1	000		
				• .			. • .		+130= TOTAL		OR	+260= TOTAL		
							•	AD	DIT. FEE		OR	ADDIT. FEE		
			mn 1)			olumn 2)	(Column 3)							
AMENDMENT C		REMA AF	IIMS IINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=		X\$ 9= ·		OR	X\$18≖	,	
	Independent	•		Minus	•••				X39=	 	1	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 	OR	A/0=		
		Ŀ	130=		OR	+260=	•							
•••	I the entry in colum I the "Highest Num If the "Highest Num The "Highest Num!	nber Pred nber Pred	viously Pa	id For IN THI	S SPA S SPA	CE is less that CE is less that	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE in the a	L	_	TOTAL AODIT, FEE umn 1		